

The Health Care Monitor

Volume 5, Issue 8

August 2002

Inside this Issue

2 The truth about men

3 No more “where’s the medical record”?

4 Non-prescription medical labels will soon look similar

MAMC: June health safety fair

6 David R. Ray Health Center news



TRICARE Northwest

Focus on health outcomes top priority



Brig. Gen. Michael A. Dunn, Western Region Medical Commander and TRICARE NW Lead Agent. (U.S. Army Photo)

By: Chris Hober
TRICARE Northwest
Office of the Lead Agent

Madigan Army Medical Center – Brig. Gen. Michael A. Dunn, who assumed leadership of the Army’s Western Region Medical Command and DoD’s TRICARE Northwest Region June 7th, articu-

lated his vision July 16 of improving the general health of military health care beneficiaries by improving health outcomes to the TRICARE Executive Committee.

“We now have the

ability to improve care for serious problems by measuring it, putting useful information into the hands of patients and providers, and making care decisions with patients fully engaged,” he explained to the TRICARE Northwest Military Treatment Facility Commanding Of-

ficers who make up the Executive Committee. “Of the potential conditions, diseases and high risk health states that might be defined as regional outcomes projects, your staffs have consistently identified adult Diabetes and Cardiovascular risk reduction as the two with greatest relevance to the populations served by all facilities.”

Consistent with the new focus, the region’s Disease Management Committee adopted a new name, the Health Outcomes Management Evaluation (HOME) Team. The team also slightly changed their

charter to reflect more clearly the general’s vision to focus on health outcomes. They identified several diseases and conditions for outcomes management development in addition to Diabetes and Cardiovascular Disease, including Asthma, Depression, post-deployment health, and chronic non-malignant pain management. The committee also requested that low back pain be incorporated with chronic non-malignant pain and that smoking cessation be integrated into all appropriate patient scorecards.

Patient score-

(Continued on page 6)

The truth about men

By: Lt. K. Nowak,
RN, MN
Naval Hospital Oak Harbor

The truth is, if you are a man under the age of 35, you are at a greater risk of dying from testicular cancer than women are from dying of breast cancer.

The truth is, men suffer 2 ½ times more heart attacks than women before the age of 65. Men are 30 percent more likely than women to have a stroke—one out of three of them occurring before age 65. By age 65, one in three men suffers from high blood pressure, a primary risk for stroke and heart attacks. Yet men are less likely than women to have their blood pressure checked.

The truth is, most men don't see their health care provider for regular check-ups. Men under the age of 35 usually only see a doctor to be treated for injuries.

The truth is, when men finally do schedule an appointment for a "minor" ailment, they often reveal much more serious health concerns like chest pain or erectile dysfunction.

The truth is, men rely on women to keep them

healthy. Often times, it takes the wives or partners to insist that the men they love leave work for a routine check-up. In fact, when Georgia created a commission on men's health, a woman sponsored that bill. And the three original cosponsors of a bill to create a fed-

Physical exam: Get a regular check up every 3-5 years until age 40. At 40 you need to see your health care provider every 2 years. At 50, schedule a yearly check up.

Testicle self-exam: Testicular cancer is one of

If you find any abnormal lumps in your testicles, call your doctor right away. Need a reminder? Sign up for a free e-mail reminder by sending a blank e-mail to menstuff-testicular-exam-subscribe@topica.com.

Blood pressure: Get it checked every year. High blood pressure, or hypertension, is a risk factor for stroke. Black men are at extra risk for high blood pressure.

Immunizations: Get a TB skin test every 5 years – especially if you have traveled in a developing country – and get a tetanus booster every 10 years.

Rectal Exam & Colonoscopy: Most men don't like to think of these particular exams, but they are very important for a variety of reasons. You should start getting rectal examinations at age 40 (earlier if you are at higher risk or have had previous problems) to check for hemorrhoids, lower rectal problems, and cancer of the colon and prostate. In addition



At sea aboard USS Bataan, — Marines assigned to the 26th Marine Expeditionary Unit (26th MEU) start their morning with group exercises on the flight deck aboard the amphibious assault ship USS Bataan (LHD 5). (U.S. Navy photo by Photographer's Mate 2nd Class Christopher M. Staten)

eral Office of Men's Health were all women.

The truth is, we all need to get regular check-ups just like our cars need routine oil changes and brake inspections. Here is a list of what men need to get checked out, when they need it checked, and why.

the most common cancers in men under the age of 35. It is also one of the easiest to treat if it is caught early. Do a monthly testicle self-exam to find abnormal lumps in their earliest stages. Not all lumps mean cancer, but they can indicate other problems.

(Continued on page 5)

No more “Where’s the medical record”?

By: TRICARE Marketing, Northwest Region

Patients visiting their doctors in a clinic may arrive at their appointments to find their medical records are not available. The same thing could happen when using emergency room services, especially in a facility never visited before. Or patients may have to inform the clinic staff of an allergy to a specific medication over and over again. These inconveniences are now a thing of the past in most Military Treatment Facilities in TRICARE Northwest Region 11, which covers Oregon, Washington, Alaska and parts of Idaho.

After five months of testing and assuring all security and patient privacy issues are addressed and meet the highest standards, a new electronic medical record software, the Integrated Clinical Data Base, is being introduced into all MTFs in the western part of the Region. Connectivity to ICDB is limited to the western region by the lack of a single common server for the entire region. All military treatment facilities will be able to share data in real time when a common host is established.

Region 11 is the first region in the Military Health Care System to have region-wide connections, providing instantaneous clinical information for any patient enrolled to any MTF in the western part of the region. Originally de-

signed primarily as a tool for physicians, the Region 11 staff saw the benefits of expanding the system's capabilities and actively pursued the development and implementation of ICDB for nursing and clinical support staff

At any of the connected TRICARE Northwest MTFs the medi-

ICDB provides this critical information to the provider and his or her staff via the Web to all connected facilities. If a computer is available, the information can be retrieved with the simple use of password and security requirements. Any time, day or night, on any weekend or weekday, in any clinic, the emergency room, lab, or from any ward in a military treatment facility, a healthcare provider can get clinical information critical for a patient's care.

The ICDB system was developed to support your MTFs Diabetes Disease Management Program and is working behind the scenes for patients with diabetes right now. The system consolidates the multiple



Army research technician analyzes data following a procedure in an Army research laboratory. (U.S. Army Medical Department photo)

cal provider you visit has at his or her finger-tips a complete medical history, and they don't need your chart to have the information. Accessible information includes lab results and their trends for the last three years; what the radiologist reported on X-rays; medications prescribed currently or in the past; clinics or providers seen and for what conditions; hospital admission history, diagnosis, and who the attending physician was; inpatient and outpatient procedures; and which clinical preventive services were needed.

laboratory tests and clinical activities critical in the ongoing care of a diabetic into one table of information. No more hunting through the charts, no more “dropping through the cracks,” no more not being sure “how you are doing.” ICDB allows the healthcare provider to see, by a single “click,” multiple tests over time in graphic form, and share that information with their diabetic patient.

The program automatically alerts a provider and their staff to a patient's overdue preventive ser-

(Continued on page 6)

Labels will soon look similar

By: Dr. Dave Tomich
TRICARE Northwest
Office of the Lead Agent

Product labeling for all Over-The-Counter medications non-prescription medications will soon have a “new” look. Recently the U.S. Food and Drug Administration has begun to require that product labeling for all OTCs be standardized. Customers will now be able to identify what is contained in the product they’re buying and compare it to similar products.

Other information that will be included on “labels” will be: the ac-

tive and inactive ingredients of a product, product use, warnings, and proper storage of the product.

This labeling DOES NOT apply to dietary supplements. Dietary supplements are regulated as food products.

Please remember to always read a product’s label before you purchase it even if you’ve used the same product for years. A couple of reasons for always reading the label are: products sometimes change their ingredients or the manufacturer may have added a warning statement.

Important items to check on a product’s label are: the product’s expiration date – (to safely discard outdated products), the manufacturer’s lot number – (good to know for product recalls), the name and address of the manufacturer, packer or distributor, the total contents of the package – (or the amount of product in the package) and what to do in case of an overdose.

If you have any questions about a product or how it might interact with other medications you’re taking, (whether it be prescription or non-prescriptions/over the

counter medications, or herbal remedies etc.) ask your doctor, pharmacist or other health care professional.

Many products are now packaged in tamper-evident packaging so consumers should examine the product before they purchase it. Remember to store all medication properly and to keep medications out of the reach of children.

For more information on this topic visit www.chpa-info.org. If you need information on dietary supplements visit the FDA website at www.cfsan.fda.gov/~dms/qa-sup5.html.

MAMC: June health safety fair



1ST Lt Hyun-Ju Kang, a MAMC Community Health Nurse, administers a blood pressure check to Jennifer Knoll a military beneficiary at the Health and Safety Fair, held on June 18, 2002 at the Fort Lewis Post Exchange. The purpose of the Fair was to provide free screenings to customers visiting the Post Exchange as a community service. (Photo by US Air Force Major Alice Dowie).

(Continued from page 2)

to having a digital rectal exam, your health care provider may also order something called a Hemoccult test to look for microscopic amounts of blood in the stool that may be the first signs of colon polyps or cancer. At age 50 and every few years thereafter (as determined by your doctor), everyone should have a sigmoidoscopy or colonoscopy. Colorectal cancer is the 3rd leading cause of cancer death among men. A recent study found that the risk of dying from colon cancer was 80% lower among people who had undergone sigmoidoscopy even once.

Skin, mouth, and breast self-exams: It is important to check your skin monthly for unusual moles or scaly patches. Men tend to get more skin cancers on their backs and may need help checking there. If you smoke or chew tobacco, check your mouth monthly to find abnormal patches, lumps, bumps, or areas of bleeding. Report any unusual findings in your mouth to your dentist. Smokeless tobacco users should see their dentists every 3 months to check for signs of tooth decay, gum disease, and pre-cancerous changes. And don't forget that men get breast cancer, too. Check your breast tissue

every month to find any abnormal lumps. Men should perform breast self-exams just like women do.

Other routine exams: Including blood work, urine samples, and EKG tests may be ordered by your health care provider beginning between age 35-50 depending on your lifestyle, previous health, risk factors, and family history. These tests look for things like high cholesterol levels, blood sugar levels, basic kidney function, and early signs of heart problems.

The truth is, the people that love you want to keep you for as long as they can. Give them a

hand by getting a check-up. Call your doctor today to schedule an appointment.

For more information, check out one of these sources at your local library:

- How Men Can Live As Long As Women by K. Goldberg (Summit, 1994)
- The Complete Book of Men's Health by Men's Health Books (Rodale Press, 2000)
- "19 Ways to Save Your Husband's Life" by A. Brott in Family Circle, March 4, 1997
- Or log on to the Men's Health Network at www.menshealthnetwork.org.



San Diego, Calif., Aug. 30, 2001 — Perspective students are led in a round of flutter kick on Gator Beach in Coronado during the "Perspective Students in Training" (PSI) program. The PSI program enhances the physical and mental readiness of personnel in preparation for Explosive Ordnance Disposal (EOD) training (U.S. Navy photo by Michael D. Kennedy).



(Continued from page 3)

vices. Now the provider, and his or her staff, can work as a team to keep their patient's healthy. Current preventive services 'flags' in the ICDB system include Pap smears, mammograms, cholesterol, and tests for colon cancer. (more 'flags' will be added in the future).

Medical personnel continually practice their wartime skills, not only by treating patients in Army medical facilities, but also by participating in field exercises. (U.S. Army Medical Department photo)

David R. Ray Health Center

By Lt.j.g. Edmond Smith
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David R. Ray Health
Center, Everett

Naval Hospital Bremerton's Branch Medical Clinic, Everett and the Naval Dental Center, Northwest's Branch Dental Clinic, now share a new home. The David R. Ray Health Center officially opened May 30.

To meet the needs of the patient population, the

Branch Medical Clinic is welcoming three female health care providers. Lt. Cmdr. Catherine Riley, MC, a pediatrician, and Lt. Erica Grogan, MC, a general practitioner arrive this month. Lt. Aylissa Donnolly, MC, will report to the clinic in the fall.

The TRICARE Service Center is now located in the David R. Ray Health Center, providing one-stop shopping for our

patients.

The spacious new facility will allow for the type of growth that was limited by the confines of the portable trailer complex. The Branch Medical Clinic will continue to offer specialty care, with providers in the fields of dermatology, psychiatry and ENT (ear, nose and throat) available at the clinic on a rotating schedule. Additional nursing staff is also anticipated in

the future.

The hours of the Medical Clinic will be Monday- Thursday 7:30 to 8 p.m. Friday: 7:30 a.m. to 4 p.m. and Saturday 8 a.m. to noon. By providing these extended hours we hope to improve the care and well being of our patients. To make an appointment please call the TRICARE Regional Appointment Center, 1-800-404-4506.

(Continued from page 1)

cards will be maintained on an automated platform, the Integrated Clinical Data Base (ICDB), where they can be updated to reflect the current status of the patients' care. The scorecards will include documentation of necessary tests and procedures, appropriate medications for the disease in question, the patient's current health status, and any risk factors that may necessitate referral to specialty care services to treat a particular symp-

tom or condition of the disease.

The patient will also get copies of their scorecard with which to complete a self-evaluation health survey; monitor their own progress; and take a hand in improving their own health care through education and prevention.

Dunn has implemented an aggressive plan to bring ICDB to all physicians in the region, and to add capability to the platform. "We think we need an industrial-strength ICDB support package to

make it a totally reliable and crash-proof system that clinicians throughout the region can depend on," he said.

Finally, the general expressed confidence in the region's desire and ability to get the job done right. "I am impressed and greatly encouraged that your clinicians do have the enthusiasm and commitment it will take to make a regional effort successful, and that you are supportive as well."